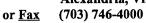
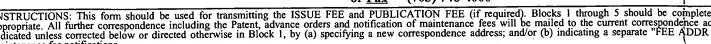
PART B - FEE(S) TRANSMITT

Complete and send this form, together with applicable fee(s), to: Mail

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	maintenance fee notification	S. E ADDRESS (Note: Use Block 1 for an	ny change of address)		Fee(c) Transmittal T	f mailing can only be used for his certificate cannot be used	for any other accom	
					papers. Each addition	hal paper, such as an assignmente of mailing or transmission.	ent or formal draw	
	293 75		OIP	61P				
	DOWELL & DO			I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO (703) 746-4000, on the date indicated below				
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	Suite 406	214	JAN 262	PACS .	transmitted to the USPTO (703) 746-4000, on the date indicated below			
	Alexandria, VA 223						(Deposi	
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	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION	
	1	09/21/2000		Lars Obit	7	13477	8660	
	09/666,326 09/21/2000			Lais Out	L.	15477	0000	
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$685	700	\$0	\$685	02/01/2005	
	EXAMINER		ART UNIT		CLASS-SUBCLASS			
	ROSENBAL	3725		241-217000				
	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	Please check the appropriate assignee category or categories (will not be printed on the patent):							
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î	Issue Fee	A check in the amount of the fee(s) is enclosed.						
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	Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number 04-1577 (enclose an extra copy of this form).							
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				☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
	The Director of the USPTO is requested to apply the Issue free and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified abo NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or othe interest as shown by the records of the United States Patent and Trademark Office.							
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ļ	Authorized Signature	21 My			Date	26/05		

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